



Piatt County Public Transportation Rider Intake Form

Updated: 7/16/2021

Please fill out both sides of this form.

Rider Information

First Name:		Middle Initial:	Last Name:	
Phone (for reminder calls):	Second Phone:		Email (for billing):	
Home Address, City, State, Zip:			County:	Date of Birth:
Would you like a reminder phone call the evening before your trip? Yes No			In the event of a closing, how would you like to be contacted?	
Would you like to receive an "On Our Way" phone call? Yes No			Text	Voice No Thanks

Demographic Information

Please check ALL that apply:		
Race: White Hispanic White Non-Hispanic Black or African American Asian American Indian Other or Two races	Native Alaskan Pacific Islander Native Hawaiian <u>Language</u> English Spanish	Gender: M F

Special Assistance Needed

Please check ALL that apply:		
Blind Cognitive Behavior Deaf Developmentally Disabled Hearing Impairment Mobility Device Oxygen	Physical Impairment Service Animal Speech Impairment Visual Impairment Walker Wheelchair Wheelchair - Electric Wheelchair - Jazzy	Wheelchair - Large <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> Please Note any Health Issues or Allergies: _____ _____ _____ _____ </div>

Emergency Contact Information

1. Emergency Contact Name: _____ Relationship: _____
 Phone: _____ Second Phone: _____

2. Emergency Contact Name: _____ Relationship: _____
 Phone: _____ Second Phone: _____

Additional Question

Are you now or have you ever been required to register on Illinois State Police Sex Offender Registry?
 Yes No

**Piattran will NOT deny your ride(s) based upon your honest answer, it provides us with information for routing purposes.

Reoccurring Travel Locations (i.e. Medical, School, Work, Other)

Site 1 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Site 2 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Site 3 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Summarize Travel Needs & Schedule (please include times for pick-up/drop-off, days of the week, length of need)

How did you find out about Piattran?

Signature of Rider / Legal Guardian*: _____ Date: _____

Printed Name: _____

*If completing this form digitally, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

For Internal Piattran Use Only

REOCCURING SCHEDULE

Pickup _____ Time _____ Start Date _____

Destination _____ Time _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Weekly In Service Area In County

Bi-Weekly Out of Service Area Rural Out of County

Rider Master Entry

Subscription Entered

Scanned

Finance Manager